

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17422

State File No. ....

BIRTH NO. <u>41341-55</u>		REG. DIST. NO. <u>333</u>		PRIMARY REG. DIST. NO. <u>3074</u>		Registrar's No. <u>71</u>			
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		c. LENGTH OF STAY (in this place) <u>50 Min.</u>		c. CITY OR TOWN <u>Lilbourn</u>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Community Hospital</u>				STREET ADDRESS (If rural, give location) <u>-----</u>					
3. NAME OF DECEASED (Type or Print) <u>George</u>		a. (First) <u>Steven</u>		c. (Last) <u>Smith</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 30 1955</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>5-30-1955</u>			
9. AGE (In years last birthday) <u>0</u>		IF UNDER 1 YEAR Months <u>0</u>		IF UNDER 1 YEAR Days <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Mins. <u>50</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>No</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>0</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Sikeston, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>									
13a. FATHER'S NAME <u>George Smith, Jr.</u>				13b. MOTHER'S MAIDEN NAME <u>Freda Ellen Jones</u>		14. NAME OF HUSBAND OR WIFE <u>0</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Freda Smith, Lilbourn, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart anomaly-type undetermined</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>7544</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>5-30-1955</u>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>5-30</u> , 19 <u>55</u> , to <u>5-30</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5-30</u> , 19 <u>55</u> , and that death occurred at <u>6:25 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Charles C. Coker</u>				23b. ADDRESS <u>New Madrid, Mo.</u>				23c. DATE SIGNED <u>1 June 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-30-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mounds Park</u>		24d. LOCATION (City, town, or county) (State) <u>Lilbourn, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-2-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ellen Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bonder Funeral Home, Lilbourn, Mo.</u>		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED 9/6/55

SCOTT CO. HEALTH DEPT.

CO. FILE No. 635-114

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*Not Embalmed*  
*Homer L. Ponder*

Licensed Embalmer No. 3367

P. O. Address Tilbourn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.